

Quotation Advert

Opening Date:

07/11/2023

Closing Date:

10/11/2023

Closing Time:

11:00

INSTITUTION DETAILS

Institution Name:

Emmaus Hospital

Province:

KwaZulu-Natal

Department of entity:

Department of Health

Division or section:

Central Supply Chain Management

Place where goods/ service is required:

EMMAUS HOSPITAL

Date Submitted:

07/11/2023

ITEM CATEGORY AND DETAILS

Quotation number:

EMM 331/10/23

Item Category:

Goods

Item Description:

SUPPLY AND DELIVER SURGICAL ITEMS

Quantity (if supplies):

80

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Not applicable

Date:

Click here to enter a date.

Time:

Click here to enter text.

Venue:

QUOTES CAN BE COLLECTED FROM:

uploaded on website

QUOTES SHOULD BE DELIVERED TO:

MANAGEMENT BUILDING

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: B.E.MIYA

Email: EmmausQuotation@kznhealth.gov.za

Contact number: 036 488 8211

Finance Manager Name:

MR PP ZULU

Finance Manager Signature



YOU ARE HEREBY INV	ITED TO QUOTE FOR		RTICULARS OF QUAT: EMMAUS F		¥
FACSIMILE NUMBER	036-4881739		E-MAIL ADDRESS:	EmmausQuota	tion@kznhealth.gov.za
PHYSICAL ADDRESS:	EMMAUS HOS	PITAL CATHER	DRAL PEAK RO	DAD WINTERTO	N 3340
QUOTE NUMBER:	ZNQ /EMM	√ /331	,10 .23		VALIDITY PERIOD:60 DAYS
DATE ADVERTISED:	07/11/2023		CLOSING DATE:	10/11/23	CLOSING TIME: 11:00
DESCRIPTION: SU	JPPLY AND DEL	IVER SURGICA	LITEMS		
CONTRACT PERIOD (IF	APPLICABLE): O	NCE			
DEPOSITED IN THE QUO EMMAUS HOSPITA	OTE BOX SITUATED A	AT (STREET ADDRE . PEAK ROAD W	SS): VINTERTON 33	40	
MAIN GATE			7,711 2111 014 33		
ENQUIRIES REGARDING			TEL	EPHONE NUMBER:	036-4888211
E-MAIL ADDRESS: Em	mausQuotation@	kznhealth.gov.z	a	TONE NOMBER.	
ENQUIRIES REGARDING	TECHNICAL INFORM	MATION MAY BE DIF	RECTED TO:		
CONTACT PERSON:			TEL	EPHONE NUMBER:	
E-MAIL ADDRESS:					
The quote box is open from QUOTATIONS MUST BE S	08:00 to 15:30.				rill not be accepted for consideration.
THIS QUOTE IS SUBJECT REGULATIONS, 2022, THE	TO THE PREFERENT GENERAL CONDITION	TAL PROCUREMEN DNS OF CONTRACT	T POLICY FRAMEW (GCC) AND, IF API	ORK ACT AND THE PLICABLE, ANY OTHI	PREFERENTIAL PROCUREMENT ER SPECIAL CONDITIONS OF CONTRACT.
4	THE I	OLLOWING PARTI	CULARS OF BIDDE	R MUST BE FURNIS JOTE BEING DISQUA	HED
NAME OF BIDDER:			awazi in Took de	TO I E DEIMG DISQUE	ALIFIED)
E-MAIL ADDRESS:					
POSTAL ADDRESS:					
STREET ADDRESS:					
ELEPHONE NUMBER:			FACSI	MILE NUMBER:	
ELLPHONE NUMBER:			SARS	PIN:	
AT REGISTRATION NUMBI	ER (If VAT vendor):				
ENTRAL SUPPLIER DATAE		(CSD) NO.	M A	AA	
NIQUE REGISTRATION RE	FERENCE:				



DUOTE NUMBE	R: ZNQ	,EMM	official price page for quotations over i √,331 ,10 .23				
DESCRIPTION:	SUPP	LY AND D	ELIVER SURGICAL ITEMS				
PREFERENCE PO	NTS WILL BE	ALLOCATED	ACCORDING TO THE IMPLEMENTATION OF SPECIFIC GOALS	IN TERMS OF	PPR 2022:	POINTS ALL	OCATE
Promotion of Sout	h African owne	ed enterprises				₹ 20	
		UNIT OF		BRAND &	COUNTRY OF	PRIC	E
ICN NUMBER	QUANTITY	MEASURE	DESCRIPTION	MODEL	MANUFACTUR E	R	С
	10	pkt of 50	NASOGASTRIC TUBE SIZE FR18 4.5CM				
	02	boxof100	NEEDLES SIZE 16				
	02	pkt of 50	NASOGASTRIC TUBE SIZE FR14 120CM				
	08	unit	STETOSCOPES TWO ER PCS				
	03	box of 40	STEAM STERILISATION ONDICATORS				
			(PIC NO.1)				
	02	box of 10	OPSITE SPRAY 100ML				
	03	unit	BROWZOL TAPE(PIC NO.2)				
	50	unit	INSTRUMENT CLEANING BRUSHER				
			SIZE L15mm W20mm				
		NB	REQUIREMENTS				
			CSD REPORT UPDATED				
			SARS PIN UPDATED				
							\top
							_
							\vdash
							+
ALUE ADDED T	AX @ 15% (O	nly if VAT Ve	ndor)				
OTAL QUOTATI	ON PRICE (V	ALIDITY PER	OD 60 Days)				
OES THIS OFFE THE PRICE FIR DES THE ARTIC	tM?		ECIFICATION?			YES	S / NO S / NO S / NO
TATE DELIVERY	PERIOD (E.C	G. 3 DAYS, 1 \	WEEK)				
AME OF BIDDER	} .		SIGNATURE OF BIDDE	:D.		•	



STANDARD QUOTATION DOCUMENT FOR QUOTATIONS ABOVE R2 000.01

SBD 4

BIDDER'S DISCLOSURE

1 PURPOSE OF THE FORM

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

2 BIDDER'S DECLARATION

2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise, employed by the state?

2.1.1. If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees /

FULL NAME	IDENTITY NUMBER	NAME OF STATE INSTITUTION

2.2.	Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution?	YES	1	N
2.2.1.	If so, furnish particulars:		_	_
2.3.	Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract?	YES	1	N
2.3.1.	If so, furnish particulars:			_
3	DECLARATION			
	I, the undersigned,(name) in submitting the accompanying bithe following statements that I certify to be true and complete in every respect:	d, do hereby	ma	ake

the following statements that I certify to be fine and comple

- 3.1. I have read and I understand the contents of this disclosure;
 3.2. I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium² will not be construed as collusive bidding.
- 3.4. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.5. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
- 3.6. There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.7. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

NAME OF BIDDER	SIGNATURE	POSITION	DATE

¹ the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

² Joint venture or Consolium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

STANDARD QUOTATION DOCUMENT FOR QUOTATIONS ABOVE R2 000.01



4. POINTS AWARDED FOR SPECIFIC GOALS

- 4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:
- 4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—
 - (a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or
 - (b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,

then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

Table 1: Specific goals for the tender and points claimed are indicated per the table below.

Note to tenderers: The tenderer must indicate how they claim points for each preference point system.

	The specific goal/s allocated points in terms of this tender		lumber of points allocated (80/20 system)	Number of points <u>claimed</u> (80/20 system)
Promo	ntion of South African owned enterprises	•	20	
	DECLARATION WITH REGARD TO COMPANY/FIRM			
4.3.	Name of company/firm:			
4.4.	Company registration number:			
4.5.	TYPE OF COMPANY/ FIRM [tick applicable box] Partnership/Joint Venture / Consortium One-person business/sole propriety Close corporation Public Company Personal Liability Company (Pty) Limited Non-Profit Company State Owned Company			
4.6.	I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that: i) The information furnished is true and correct; ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form; iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor reference the the entire feding of the preference for the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor reference for the entire feding of the preference of the entire feding of the entire fe		· ·	
	 documentary proof to the satisfaction of the organ of state that the claims are correct; iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been state may, in addition to any other remedy it may have – (a) disqualify the person from the tendering process; (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct; (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrange cancellation; (d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the audit other side) rule has been applied; and (e) forward the matter for criminal prosecution, if deemed necessary. 	em• act	ants due lo ed on a frai	such udulent
	SIGNATURE(S) OF TENDERER(S)			
	SURNAME AND NAME: DATE: ADDRESS:			

health Department: Health PROVINCE OF KWAZULU-NATAL

Quote Number:				
Item Description:	Opente	Goray		
Department/Section:	07		Purpose of Item:	Antireptic
1. Pre-qualification cr	iteria if any:			
1.1. Is the item requ Regulatory Body / ce	uired to have a regulate rtification required it Yes	ry body certificatio	on (e.g. SABS, SANS, SA	ANAS, ISO, CIDB, etc.)? Yes / N
1.2. Is a compulsor if Yes, specify: Date	y site inspection / brief	ing session require	ed? Yes / No	
1.3. Is local produc	tion and content part o	f the quote? (es)/ f	No —	
	ection 4(1)(a) of the PP		017 if applicable? Yes /	No
it Yes, specity.				
1.5. Liability Cover if Yes, specify:	insurance? Yes / No			
2. What is the specific	ation of the required ite	em?		
List specifications to be ad	vertised		Comm	neňt
	nekul			
				·
3.				
4. 5.				
4. Penalties to be noted 4.1. If the supplier fa contract, the purc as a penalty, a s	by the suppliers: ils to deliver any or all haser shall, without preju um calculated on the de	of the goods or to idice to its other rem livered price of the	nedies under the contract,	hin the period(s) specified in the deduct from the contract price formed services using the current
·	n criteria / special terms			
List evaluation criteria / spec	cial terms and conditions	to be advertised (if	applicable)	
Pre-qualification criteria	Does the offer meet to	ne pre-qualification of	criteria?	
2. Administrative			istrative requirements?	
3. Conformance:	Was the product mad	e or service perform	ed to specifications?	nanner that releases the supplier
Performance:	from all liabilities under	service fullil its pender the contract?	mance obligation, in a n	latifier that releases the supplier
5. Features:	What characteristics of	loes the product or s	service have?	
6. Reliability:	How long can a produ	ct go between failure	es and the need for maint	enance? (guarantee)
7. Durability:	What is the useful life	for the product? Hov	w will the product hold up	under extended use?
8. Serviceability:	How easy is it to repair	r, maintain or suppo	rt the product or service?	(customer support)
9. Ability & Capacity	The ability and capaci Preferential Procurem			
10. Preference points	T Telefolition T Tocurett	5 jaioin (30/20) i		
Name of End-user (in full)	SARELO	Name	of SCM Rep (in full)	
		l l		
	000	l Design	nation/ Rank (in full)]
Designation / Rank (in full)	29	Design Signat	nation/ Rank (in full) ure	
	12/4/23			



Moisture vapour permeable spiral Pansement par nebulisation Wasserdampfpermeable 500 Medicazion Medicazione spray permenti Luchtdoorlate and permenti de la constanti de la co Made in England for Fabricus Hull Hu3 28N England.

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nealth

Department: Health'

PROVINCE OF KWAZULU-NATAL

EMMAUS HOSPIT,

CAT NO: ZNQ NO: Cathedral Peak R Winter

Tel.036 488 15

SPEC FOR: SPEC NO:

SPECINO.	
ITEM DESCRIPTION	Brow slow
UNIT OF ISSUE	each
SIZE	
QUANTITY REQUIRED	X 03
QUALITY STANDARD	SABS or SO
	30

WHAT IS THIS ITEM/PRODUCT USE FOR ?

It is used to calculate dosa e to be given to peadiatric patient during resus

SPECIAL CONDITIONS

- A reference at each color bar on the tape in syou of equipment sizes to perform emergency resuscitation on the china.

 A reference at each weight zone on the tape shows pre-calculated medication dosages.

FEATURES EXPECTED FROM THE PRODUCT TO BE EVALUATED (SCOPE)



-	Quote Number:			
	Item Description:	LICHM STER	an) confasion	i-extori
	Department/Section:	07		m: CONTROL STERVER
	1. Pre-qualification c	riteria if any:	•	(60635)
	1.1. Is the item req Regulatory Body / ce	uired to have a regulatory boo rtification required (Yes:	dy certification (e.g. SABS, SA	NS, SANAS, ISO, CIDB, etc.)? Yes / No
	1.2. Is a compulsor if Yes, specify: Date	y site inspection / briefing se	ssion required? Yes / No Place	
		tion and content part of the q		
		ection 4(1)(a) of the PPPFA R		Yes / No
	1.5. Liability Cover if Yes, specify:	insurance? Yes / No		
2	•	ation of the required item?		
-	ist specifications to be ad			Comment
1		routh		
3	COLOUZ TE	e who is the state of the state	to Black	
4	KZUO X US	SO WHEN CETA	emes.	
5.				
4.	3.2. Specify that samp Penalties to be noted 4.1. If the supplier fa contract, the purc as a penalty, a s	bles must be made available who by the suppliers: Ils to deliver any or all of the sharp shall, without prejudice to	goods or to perform the servicits other remedies under the coprice of the delayed goods or	ces within the period(s) specified in the ontract, deduct from the contract price, unperformed services using the current
5.	What is the evaluation	criteria / special terms and c	onditions to be advertised?	
		cial terms and conditions to be a		
1.	Pre-qualification criteria			1.0
2.	Administrative		ulated administrative requireme vice performed to specifications	
3.	Conformance: Performance:			in a manner that releases the supplier
٦.	1 criomanos.	from all liabilities under the co	ontract?	
5.	Features:	What characteristics does the		
6.	Reliability:	How long can a product go be	etween failures and the need for product? How will the product h	maintenance? (guarantee)
7.	Durability:		ain or support the product or se	
8. 9.	Serviceability: Ability & Capacity		vendor to execute the contract	
	Preference points	Preferential Procurement Syst		
10.	1 Talerance points	^		
Nan	ne of End-user (in full)	MIRL @ ISH	Name of SCM Rep (in ful	1) P. YOUEROUR
Des	ignation / Rank (in full)	019	Designation/ Rank (in full	
Sign	ature	Ku	Signature	X ,
Date		17 1412023	Date	07/06/23
Star	dard End-User Specificat	ion Form		Page 1 of 1

t,	realth Department:	END-USER SF	DECISIONTI	ON FORM	
	Health		LOIFICALI	UN FURIVI	
	PROVINCE OF KWAZULU-NATA Quote Number:				
	Item Description:	Steloscope.	wiju ear	pièces and diagn	Ñ
1	Department/Section:		Purpose of Ite		
	1. Pre-qualification cr	iteria if any:			
		-			
	Regulatory Body / cer	tification required if Yes:	ertification (e.g. 6ABS/S	ANS, SANAS, ISO, CIDB, etc.)? Yes / N	ło
	1.2. Is a compulsor if Yes, specify: Date_	y site inspection / briefing session	n required? Yes / No Place		
	1.3. Is local product	tion and content part of the quote	2 Van (6)		
	if Yes, specify:	and content part of the quote	r res / No		
			u.		
	1.4. Provisions of so if Yes, specify:	ection 4(1)(a) of the PPPFA Regula	ations,2017 if applicable	? Yes / 10	
	1.E. Linkility Covers				
	1.5. Liability Cover i if Yes, specify:	nsurance? Yes / No			
2.	- What is the specifica	ation of the required item?			
L	st-specifications to be ad-			Comment	—
1.		diappact			_
2.	17-00	ar beaces			_
3.					
4.					
, 5.	<u> </u>			in the second	_
_	5.				_
3.	Does a sample need	to be submitted? Yes / No(select of	option 3.1 or 3.2)		
or	J. I. Deadline for Subn	nission if Yes: Date//	Time: Plac	e <u></u>	
OI.		nies must be made available when			
	o.z. opcony that same	oles must be made available when re	equested in writing. Yes	or No	
4.	Penalties to be noted	by the suppliers:			
	4.1. If the supplier fail	Is to deliver any or all of the good	de or to parform the san	ices within the period(s) specified in th	
	contract, the purc	haser shall, without prejudice to its o	of to perform the serv	contract, deduct from the contract price	ıe
	as a penalty, a s	um calculated on the delivered price	e of the delayed goods o	r unperformed services using the curre	е,
	prime interest rate	calculated for each day of the delay	/ until actual delivery or ne	erformance	ЭГ.
				montalist.	
5.	What is the evaluation	criteria / special terms and condi	tions to be advertised?		
Lis	t evaluation criteria / spec	cial terms and conditions to be adver	tised (if applicable)		7
1.	Pre-qualification criteria	The state of the s	fication criteria?	0	1
2.	Administrative	Does the offer comply to stipulate	d administrative requirem	ents?	1
3.	Conformance:	Was the product made or service	performed to specification	ns?	1
4.	Performance:	Will/does the product/service fulfil	its performance obligation	n, in a manner that releases the supplier	1
5.	Features:	morn an nabilities arider the contra	Cl?		
6.	Reliability:	What characteristics does the pro-	ouct or service have?		
7.	Durability:	How long can a product go between	en railures and the need fo	or maintenance? (guarantee)	
8.	Serviceability:	What is the useful life for the production of th	uct? How will the product	hold up under extended use?	
9.	Ability & Capacity	How easy is it to repair, maintain of The ability and capacity of the ven	ו suppon the product or s	ervice? (customer support)	
10.	Preference points	Preferential Procurement System	(80/20) if and lead !	CT	
_		System	(oorzo) ii applicable		
Nar	me of End-user (in full)	RIB MAKANIA	Namo of COM Dead's	JII)	i i
	signation / Rank (in full)	THE POLICE	Name of SCM Rep (in for		
		12921	Designation/ Rank (in fu	III)	
	nature	Mi Jupe	Signature		
Date	e	14/11/12/23	Data		

Page 1 of 1

Standard End-User Specification Form

Item Description:		1.000				
		Petoscope	S			
Department/Section	on;	Busingal	the	_		To help best
1. Pre-qualificat		1 /		Purpose of I	tem:	To listen to hi
						U
Regulatory Bod	y / certif	red to have a re ication required	egulatory body o if Yes:	ertification (e.g. SABS, S	ANS, SAN	NAS, ISO, CIDB, etc.)?
1.2. Is a complify: If Yes, specify: I	ulsory : Date	site inspection	/ briefing sessio _ Time:	on required? Yes (1970) Place		
	oductio	n and content r	part of the quote			
1.4. Provisions if Yes, specify.	of sect	ion 4(1)(a) of th	ne PPPFA Regul	ations,2017 if applicable	? Yes / No	
15. Liability Co- if Yes, specify:	ver inst	rance? Yes (N	9			
2. What is the spec	ificatio	n of the require	ed item?			
List opecinications to be	aoverti	sed		1	Comment	
to be able	b.	listen fo	heart s	ound / rhypus		
-				- Jugitans		
5					The system was	
3. Does a sample no						
2003 a sample ne	ed to be	Submittado V				
3.1 Deadling for a		- applitted; I	es / No(select op	otion 3.1 or 3.2)		
3.1. Deadline for su	ubmissio	on if Yes: Date_	es / No(select op //	otion 3.1 or 3.2)		
or		res. bate_	/	_Time:Place		
or		res. bate_	/	_Time:Place		
or 3.2. Specify that sar	mples n	nust be made av	/	otion 3.1 or 3.2) _ Time: Place _ uested in writing Yes	or No [
or 3 2. Specify that sar 4. Penalties to be note	mples m	nust be made av	/ailable when req	Place uested in writing Yes	or No [
3 2. Specify that sail4. Penalties to be noted4.1. If the supplier:	mples med by the	e suppliers:	/ailable when req	_Time:Place_	or No [
 3 2. Specify that said 4. Penalties to be noted 4.1. If the supplier contract, the pure 	mples med by the fails to	e suppliers: deliver any or shall without or	all of the goods	Time:Place_ uested in writing Yes or to perform the service	or No	De Deriod(s) and if
 3 2. Specify that sar 4. Penalties to be noted 4.1. If the supplier contract, the purious as a penalty and 	mples med by the fails to rchaser sum ca	e suppliers: deliver any or a shall, without pr	all of the goods	Time:Place_ uested in writing Yes or to perform the service er remedies under the con	or No	De Deriod(s) and if
3 2. Specify that sar 4. Penalties to be note 4.1. If the supplier is contract, the pur- as a penalty, a	mples med by the fails to rchaser sum ca	e suppliers: deliver any or a shall, without pr	all of the goods	Time:Place_ uested in writing Yes or to perform the service er remedies under the con	or No	De Deriod(s) and if
3.2. Specify that sar 4. Penalties to be note 4.1. If the supplier is contract, the purious as a penalty, a prime interest ra	mples med by the fails to rchaser sum called the calculate calculate.	e suppliers: deliver any or a shall, without pr lculated on the lated for each d	railable when requal of the goods rejudice to its oth delivered price (a) of the delay u	or to perform the service er remedies under the condition of the delayed goods or until actual delivery or perfo	or No	De Deriod(s) and if
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Health PROVINCE OF KWAZULU-NATAL



health

EMMAUS HOSPITAL

Cathedral Peak Road Winterton 3340 Tel.036 488 1570

Department:
Health
PROVINCE OF KWAZULU-NATAL

SPEC FOR: CAT NO: SPEC NO: ZNQ NO:

SPEC NO:	ZNQ NO:
ITEM DESCRIPTION .	NASOGASTRIC TUBE SIZE 14
UNIT OF ISSUE	PKT OF 50
UNIT OF 1000L	TRI OI 30
SIZE	FR 14 Size :120 cm
QUANTITY REQUIRED	PKTS 50 x 2
QUALITY STANDARD	SABS or ISO

WHAT IS THIS ITEM/PRODUCT USED FOR?

IT IS USED FOR SHORT/MEDIUM TERM NUTRITIONAL SUPPORT AS WELL AS FOR ASPIRATION OF STOMACH CONTENTS

SPECIAL CONDITIONS

Material:SILICONE

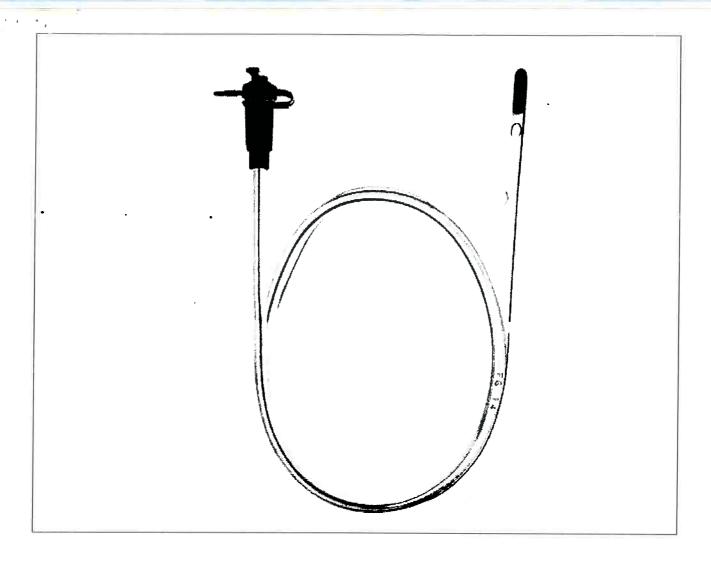
Size :120cm Tube size: 14 fr

FEATURES EXPECTED FROM THE PRODUCT TO BE EVALUATED (SCOPE)

health Health PROVINCE OF KWAZULU-NATAL Quote Number:

	m Description:	NASOGASTEIC TUBE SIDE 14	
ο.		D	m. ULTEITIOUAL SUPI
De	partment/Section:	Purpose of Ite	AND ASPIRATION
1.	Pre-qualification crit	eria if any:	STOWACH CONTENT
	1.1. Is the item requi- Regulatory Body / certi	red to have a regulatory body certification (e.g. SABS, Sa fication required if Yes: SABS (150	ANS, SANAS, ISO, CIDB, etc.)? Yes / No
		site inspection / briefing session required? Yes / No/ Time:Place	
	•	on and content part of the quote? Yes / No	
		etion 4(1)(a) of the PPPFA Regulations,2017 if applicable	? Yes / No
	1.5. Liability Cover in if Yes, specify:	surance? Yes / No	
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	specifications to be adve		Comment
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Name of End-user (in full)	MELLISA GOVENDER	Name of SCM Rep (in full)	- Section and about the
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	A ACCOUNT AND DESCRIPTION AND DESCRIPTION AND DESCRIPTION ASSESSMENT ASSESSME
Signature	gaverde on	Signature	
Date	171012023	Date	
Ctandard End Hoor Coorific	otion Form		



AUTHORISED BY BID / QUOTATION SPECIFICATION COMMITTEE

Initials and Surname	Portfolio	Signature	Date

health Department: Health PROVINCE OF KWAZULU-NATAL

EMMAUS HOSPITAL

Cathedral Peak Road Winterton 3340 Tel.036 488 1570

SPEC FOR:	CAT NO:
SPEC NO:	ZNQ NO:

<u> </u>	
ITEM DESCRIPTION	NEEDLES
UNIT OF ISSUE	BOX OF 100
SIZE	16G 25MM
QUANTITY REQUIRED	BOX OF 100 X 2
QUALITY STANDARD	SABS or ISO

WHAT IS THIS ITEM/PRODUCT USED FOR?

IT IS USED FOR GIVING INJECTIONS PATIENTS	

SPECIAL CONDITIONS

- 1) High-quality stainless steel
- 2) With large ID and high flow
- 4) Delicately designed needle-point with features of sharpness, smooth puncture, less damage to the tissue, less painful feeling to the patient
- 5) grey needle hubs color for the clear recognition
- 6) The flexible supply form: in bulk or pack, sterilized or unsterilized

FEATURES EXPECTED FROM THE PRODUCT TO BE EVALUATED (SCOPE)

health Health PROVINCE OF KWAZULU-NATAL

Signature

Standard End-User Specification Form

Date

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•	taote Mulliper.					
lt	em Description:	HEEDLES SIDE !	16			
r	epartment/Section:	CASUALTH	Purpose of Ite	m·	GINNG GINNG	HEED FOR
	reparamento occitori.		r di pose oi ite		PATIEUT	
1	. Pre-qualification cri	teria if any:				
		ired to have a regulatory body cert ification required if Yes:		ANS, SAN	AS, ISO, CIDB,	etc.)? Yes / No:
	•	site inspection / briefing session	•			
	•	ion and content part of the quote?				
		ction 4(1)(a) of the PPPFA Regulat		? Yes / No		
	1.5. Liability Cover in	nsurance? Yes / No				
2.	What is the specifica	tion of the required item?				
9 100	st specifications to be adv			Commen	t	
1.	HIGH OUKL	ATH STANLEGO	STEEL WITH			
2.	LARGE 10		PER			,,,,
3.	HIGGDLE HI	ubs color por	CHEBE			
4 . 5 .	RECOGNITIO	~		a. plimar verso		
or 4.	3.2. Specify that samp Penalties to be noted 4.1. If the supplier fail contract, the purch as a penalty, a su	les must be made available when receive the suppliers: Is to deliver any or all of the goods haser shall, without prejudice to its off um calculated on the delivered price calculated for each day of the delay	guested in writing. Yes or to perform the service remedies under the of the delayed goods of	or Notices within contract, do	the period(s) educt from the med services us	specified in the contract price,
5.		criteria / special terms and condit			•	
Lis	Towns Xi., 1	ial terms and conditions to be adverti	sed (if applicable)			
1.	Pre-qualification criteria	7945				
2.	Administrative	Does the offer comply to stipulated				
3.	Conformance:	Was the product made or service p				
4.	Performance:	Will/does the product/service fulfil in from all liabilities under the contract		n, in a mar	ner that release	s the supplier
5.	Features:	What characteristics does the prod	luct or service have?			
6.	Reliability:	How long can a product go betwee	n failures and the need f	or mainten	ance? (guarante	ee)
7.	Durability:	What is the useful life for the produ				
8.	Serviceability:	How easy is it to repair, maintain o			ustomer suppor	t)
9.	Ability & Capacity	The ability and capacity of the vend		ct		
10.	Preference points	Preferential Procurement System (80/20) if applicable			
Nar	ne of End-user (in full)	MELLICA COLLABO	Name of SCM Rep (in t	full)		7
	ignation / Rank (in full)	MELLISA GOVENDER	Designation/ Rank (in fo			

Signature

Date



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Initials and Surname	Portfolio	Signature	Date	

health Department: Health PROVINCE OF KWAZULU-NATAL

EMMAUS HOSPITAL

Cathedral Peak Road Winterton 3340 Tel.036 488 1570

SPEC FOR: CAT NO: SPEC NO: ZNQ NO:

SPECINO.	ZNQ NO:
ITEM DESCRIPTION	NASOGASTRIC TUBE SIZE 18
UNIT OF ISSUE	PKT OF 50
SIZE	FR 18 Size :4.5 cm
	Length: 4.5cm
QUANTITY REQUIRED	10 PKTS 50
QUALITY STANDARD	SABS or ISO

WHAT IS THIS ITEM/PRODUCT USED FOR?

IT IS USED FOR SHORT/MEDIUM TERM NUTRITIONAL SUPPORT AS WELL AS FOR ASPIRATION OF STOMACH CONTENTS

SPECIAL CONDITIONS · · ·

Material:SILICONE

Size :4.5 cm Length: 4.5cm Tube size: 18fr

FEATURES EXPECTED FROM THE PRODUCT TO BE EVALUATED (SCOPE)

Specification Minutes

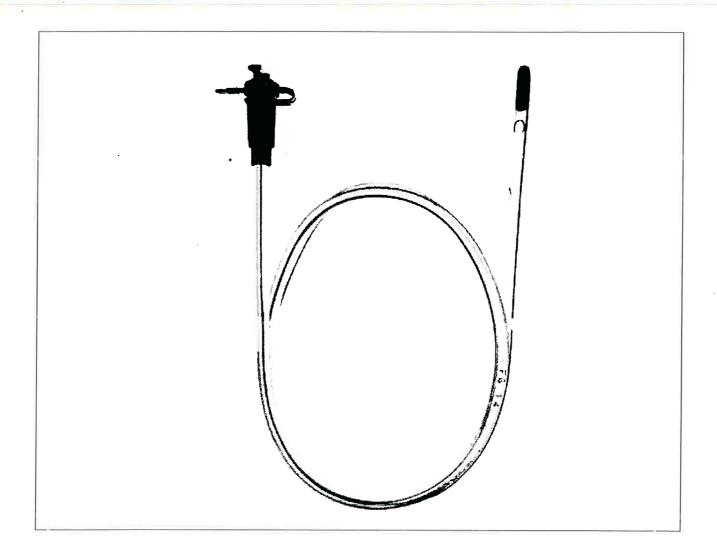
health Department. Health PROVINCE OF KWAZULU-NATAL

ENDUSER SPECIFICATION FORM

•	uote Number:	,			
lt	em Description:	NASOGASTRIC	TUBE SIZE	- 18	
D	epartment/Section:	CASHALTY	Purpose o	f Item:	used for show nutritional su
1.	Pre-qualification crit	eria if any:			
		red to have a regulatory body fication required if Yes:		, SANS, S	ANAS, ISO, CIDB, etc.)? Yes /
		site inspection / briefing sess			
		on and content part of the que			
		ction 4(1)(a) of the PPPFA Reg		ble? Yes /	/ No
•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tion of the required item?			
2.	t specifications to be adv	tion of the required item?		Com	ment
1.	180	TUBE SIDE 18		Com	ment
2.	VVICE				## Water wareness and A r. d.
2. 3.	SIDE TISCH	LEUGTH! HISCM	TUBE SIDE !	8+5	
4.	have now //plp.ph.fo.co	· · · · · · · · · · · · · · · · · · ·			***
5.				- ************************************	
3. or 4.	3.1. Deadline for subm3.2. Specify that samplPenalties to be noted to the supplier fails	s to deliver any or all of the g	n requested in writing. Ye	services w	F
	prime interest rate	calculated for each day of the d	elay until actual delivery of	or performa	erformed services using the cur ance.
	24	criteria / special terms and co		ed?	
		al terms and conditions to be ac			
	Pre-qualification criteria Administrative	Does the offer meet the pre-q		rom ==1=0	
1.	Administrative	Does the offer comply to stipu			
l. 2.	Conformance:	Was the product made or sen			
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). }.	Conformance: Performance:	Will/does the product/service from all liabilities under the co	ntract?		manner that releases the suppli
].].].		Will/does the product/service from all liabilities under the co What characteristics does the	ntract?		manner that releases the suppli
1. 2. 3. 1.	Performance:	from all liabilities under the co What characteristics does the How long can a product go be	ntract? product or service have? tween failures and the ne	ed for mail	ntenance? (guarantee)
1. 2. 3. 4. 5.	Performance: Features:	from all liabilities under the co What characteristics does the How long can a product go be What is the useful life for the p	ntract? product or service have? tween failures and the ne product? How will the product?	ed for mail	ntenance? (guarantee) p under extended use?
1. 2. 3. 4.	Performance: Features: Reliability:	from all liabilities under the co What characteristics does the How long can a product go be	ntract? product or service have? tween failures and the ne product? How will the product?	ed for mail	ntenance? (guarantee) p under extended use?
1. 2. 3. 4. 5	Performance: Features: Reliability: Durability:	from all liabilities under the co What characteristics does the How long can a product go be What is the useful life for the p	ntract? product or service have? tween failures and the neoroduct? How will the product	ed for mail duct hold u for service	ntenance? (guarantee) p under extended use?

MELLISA GOVENDER	Name of SCM Rep (in full)	V-VV-7/000/3/sillingv
OPERATIONAL MAUGER	Designation/ Rank (in full)	n de constituires.
eachde on	Signature	
ECOCIOILEI	Date	
	OPERATIONAL MANGER Claused	OPERATIONAL MUNCER Designation/ Rank (in full) Signature

Standard End-User Specification Form



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Initials and Surname	Portfolio	Signature	Date	
•				

health



EMMAUS HOSPITAL

Cathedral Peak Road Winterton 3340 Tel.036 488 1570

SPEC FOR:	CAT NO:
SPEC NO:	ZNQ NO:

ITEM DESCRIPTION	INSTRUMENT CLEANING BRUSHES
UNIT OF ISSUE	EACH
SIZE	L15mm W 20mm
QUANTITY REQUIRED	50
QUALITY STANDARD	SABS or ISO

WHAT IS THIS ITEM/PRODUCT USED FOR?

Used clean dirty instruments	
SPECIAL CONDITIONS	

FEATURES EXPECTED FROM THE PRODUCT TO BE EVALUATED (SCOPE)

ard/Soft Extra Hard

Colour Blue

Bristle Length 15mm

Product Depth 40mm

Product Width20mm

Food Processing Safe No

Brush Type Detail Brush

AUTHORISED BY BID / QUOTATION SPECIFICATION COMMITTEE

Initials and Surname	Portfolio	Signature	Date	
			'I	



Quete Number:		<u></u>	
· Item Description:	INSTRUMENT C	LEANING BRU	611Ē6
Department/Section:		Purpose	of Item: CLEANING INSTRUCTION
1. Pre-qualification c	riteria if any:		
	uired to have a regulatory bo	dy certification (e.g. SAE	BS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No
	ry site inspection / briefing se		
	etion and content part of the q		
1.4 Provisions of s	section 4(1)(a) of the PPPFA R	egulations.2017 if applic	able? Yes / No
			\$ 1. \$2. 4.
1.5. Liability Cover if Yes, specify:	insurance? Yes / No		
	ation of the required item?		
List specifications to be ad			Comment
	(M		
3. PRODUCT L	H HOMM		
4. BOUCH TYPE	EXTR SOFT EXTRA !	taen	
5. Colour B			
4. Penalties to be noted 4.1. If the supplier fa contract, the purc as a penalty, a s	ils to deliver any or all of the haser shall, without prejudice to	goods or to perform the its other remedies under price of the delayed goo	services within the period(s) specified in the the contract, deduct from the contract price, ds or unperformed services using the current
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	n criteria / special terms and co cial terms and conditions to be a		ed ?
Pre-qualification criteria			
2. Administrative	Does the offer comply to stip		irements?
3. Conformance:	Was the product made or se		
4. Performance:	Will/does the product/service from all liabilities under the co		pation, in a manner that releases the supplier
5. Features:	What characteristics does the		
6. Reliability:			ed for maintenance? (guarantee)
7. Durability:			duct hold up under extended use?
8. Serviceability:	How easy is it to repair, main	tain or support the produc	t or service? (customer support)
9. Ability & Capacity	The ability and capacity of the		ntract
10. Preference points	Preferential Procurement Sys	tem (80/20) if applicable	
·	•		
Name of End-user (in full)	States Ulub	Name of SCM Rep	·
Designation / Rank (in full)	OUA	Designation/ Rank	in full)
Signature	Clou	Signature	
Date	12 (4(23	Date	
Standard End-User Specifical			Page 1 of 1



View all Scrubbing Brushes

If the diable from UK/Europe in 4–6 working days for collection or delivery to major cities (Heavy, hazardous or lithium 1990; Excluded Telicery 190's apply)

Add to basket

Add to basket

Real time stock check

Not Available for premium delivery

Price (Excl VAT) Each

R 124.48 (exc. VAT)





		3.7								
	Item Description:	,	Brow	206	TAPE					
	Department/Section:	-	MARCI	was		Purpose of I	tem:	TO CAL	CULATE	R
	1. Pre-qualification	ı crite	ria if any:				tem.	Qui	edi con	it
	1.1. Is the item re Regulatory Body /	equir certifi	ed to have a cation requir				SANS, SAI	NAS, ISO, CII	DB, etc.)? Ye	es / I
	 Is a compuls if Yes, specify: Dat 	ory s	ite inspecti //_	on / briefi Time_	ng session re :P	equired? Yes / No lace				
	1.3. Is local produ if Yes, specify:	uctio	and conte	nt nart of	tha					
		sect	ion 4(1)(a) c	of the DDD	EAD		? Yes / No)		
	1.5. Liability Cove if Yes, specify:	r insu	rance? Yes	s / No		-				
	2. What is the specifi	catio	n of the rea	uired item	12					
	rior obecing allone to be a	avorti	cod							
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	3. Pre- (a) culaited did. 4. Updated with ad. 5. Does a sample need. 3.1. Deadline for subject of the supplier factor of the purchase a penalty, a si	OS(S dth dtob mission ples r by the ils to chaser	e submitted on if Yes: Da nust be mad deliver any shall, without delivered on alculated on alcul	1? Yes / N te / e available to rail of the deliver	o(select option Ties when reques the goods or the to its other re-	n 3.1 or 3.2) me:Place sted in writing. Yes to perform the service remedies under the co	or No	the period(s)	specified in	41-
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3	Does a sample need 3.1. Deadline for subir 3.2. Specify that sample penalties to be noted 4.1. If the supplier far contract, the purchas a penalty, a supplime interest rate	os (s dth dtob mission ples r by the ils to chaser um calco	e submitted on if Yes: Da nust be mad ne suppliers deliver any shall, without alculated for ear	1? Yes / N te / e available or all of aut prejudic the deliver	o(select option Ties when reques the goods or the to its other repred price of the delay until	n 3.1 or 3.2) me:Place sted in writing. Yes to perform the service remedies under the co he delayed goods or actual delivery or perf	or No	the period(s)	specified in	41-
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	3. Pre- (a) (u) a rd d 4. Updard with ad 5. Does a sample need 3.1. Deadline for subin 3.2. Specify that sample Penalties to be noted 4.1. If the supplier far contract, the purc as a penalty, a si prime interest rate What is the evaluation of evaluation criteria / specific pre-qualification criteria Administrative	OS(S) Id the business of the second criterical temporary of the second control of the second criterical temporary of the second criteria temporary of the	e submitted on if Yes: Da nust be mad deliver any shall, withou alculated on ulated for earms and cones the offer	de available cor all of the delivery che day of the delivery che deli	o(select option o(select option Ties when reques the goods or the delay until d conditions be advertised of ore-qualification	an 3.1 or 3.2) me:Place sted in writing. Yes to perform the service remedies under the co he delayed goods or actual delivery or perf to be advertised? (if applicable)	or No	the period(s)	specified in	41-
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Name of End-user (in full) Designation / Rank (in full)	U.D. MY ELECTIO	Name of SCM Rep (in full)	
Signature	Crono-el Moneyer	Designation/ Rank (in full)	
Date	On Jabup	Signature	
Standard End-User Specific	12/00/2023	Date	

health

EMMAUS HOSPITAL

CAT NO:

Cathedral Peak Road Winterton 3340

Department: Health

PROVINCE OF KWAZULU-NATAL

Tel.036 488 1570

SPEC FOR:

SPECINO.	ZNQ NO:	
ITEM DESCRIPTION	Steam sterilization indicators	
UNIT OF ISSUE	1 Box of 40	
SIZE	Conforms to ISO 11140-1 Class 4	
QUANTITY REQUIRED	05 boxes	
QUALITY STANDARD	SABS or ISO	

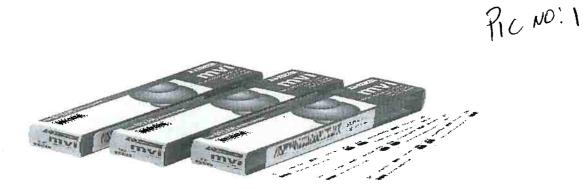
WHAT IS THIS ITEM/PRODUCT USED FOR?

Used to determine whether the pack is properly sterile or not

SPECIAL CONDITIONS

Made without lead and non-toxic, this patented* ink technology is both safe to use and environmentally friendly – white to black colour change. X240 x480 when separated

FEATURES EXPECTED FROM THE PRODUCT TO BE EVALUATED (SCOPE)



Specification Minutes